



# JPL Incident Investigation Form

19. Description of actions taken to secure the incident scene and preserve evidence ( <i>actions taken by</i> ):	
20. Organization representatives participated in the investigation ( <i>list names</i> ):	
21. Finding description and corrective action ( <i>if none provide rational why in block 29</i> ):	
1.a. Finding Description:	
1.a. Corrective action ( <i>include estimated and completion date</i> ):	
1.a. Assignee:	
2.a. Finding Description:	
2.a. Corrective action ( <i>include estimated and completion date</i> ):	
2.a. Assignee:	
3.a. Finding Description:	
3.a. Corrective action ( <i>include estimated and completion date</i> ):	
3.a. Assignee:	
22. Is a safety risk assessment or operating procedures necessary for this activity? Comments: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
23. Was the activity being performed following the steps in the safety risk assessment or operating procedure? Comments: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
24. Attachments: Type of attachments:  Number of attachments:	
25. Select all that apply to the incident: <input type="checkbox"/> Unsafe act <input type="checkbox"/> Pre-existing health condition <input type="checkbox"/> Undetermined <input type="checkbox"/> Unsafe condition <input type="checkbox"/> Lack of situational awareness/distracted <input type="checkbox"/> Other:	
26. Date and time investigator notified: Date: _____   Time: _____	27. Date investigation performed: Date: _____
28. Investigation performed by:	

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29: Comments: